



Create/Change Cost Center Request Form

Company Code : _____
Cost Center Number : _____
Site : _____
Merchandise Categories : _____
Reference Cost Center : _____
Reason : _____
Activity : _____
Department : _____
Hierarchy Area : _____

Important Check List !

Alternate Hierarchy 1 : ☐ YES, Hierarchy Group Name: _____
Alternate Hierarchy 2 : ☐ YES, Hierarchy Group Name: _____

Accounting Department Only

Valid From : _____
Valid To : _____
Name (max 20 characters) : _____
Description (max 40 characters) : _____
Person Responsible : _____
Cost Center Category : (A,B, or C) _____
Currency : USD _____

Completed by Field

Requested by : _____
Date : _____
Contact Name : _____
Telephone No. : _____

Completed by HQ

Approved by : _____
Date : _____
Created By : _____
Date : _____
Table Update : _____
Date : _____

Please fax this form to Roger Moore at COMM (901) 874-6811 or DSN 882-6811

The cost center addition or modification should be available within 48 hours of your request.
If the change has not been completed within that time, please contact Roger Moore at number above.